

File



State of Ohio Environmental Protection Agency

Northeast District Office

2110 E. Aurora Road
Twinsburg, Ohio 44087
(216) 425-9171

EPA Region 5 Records Ctr.



339754

Richard F. Celeste
Governor

October 21, 1988

RE: NPDES PERMIT NO. 3IC00071*CD

Mr. David J. Teston
Vice President - Materials
L-TEC Welding & Cutting Systems
3325 Middle Road
P.O. Box 710
Ashtabula, Ohio 44004

Dear Mr. Teston:

Please find enclosed a copy of the Compliance Inspection Report discussing the survey that was conducted at your plant on October 13, 1988. As indicated in the report, L-TEC appeared to be in substantial compliance with its NPDES permit at the time of the survey.

It was noted that your facility is now separate from Linde Gas Products. Further, a new wastewater treatment system was installed in 1987, and the treatment ponds were taken out of service in 1988. These modifications will be incorporated into the upcoming NPDES permit renewal. It is recommended that L-TEC submit their permit renewal application as soon as possible in order that the renewal process begin.

During the survey the following items were noted that require your attention:

- 1) Future composite samples must be refrigerated or iced during the sampling period.
- 2) Flows from Monitoring Station 602 (treatment system effluent) should be reported daily on the Monthly Operating Reports as required by the permit.

Mr. Fritz indicated that these items would be promptly initiated.

Thank you for the courtesy extended to me during the survey. Should you have any questions or comments on the report, please contact me at (216) 425-9171.

Yours truly,

Kelvin F. Rogers
Environmental Scientist
Division of Water Pollution Control

KFR:mjo

cc: Bob Phelps, ES, DWPC, CO w/a
K. Riley, DWPC, NEDO
M. Hilovsky, DWPC, NEDO

United States Environmental Protection Agency
Washington, D. C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1N 25 3040063789 11 12881013 17			18C	19S	202
Remarks					
3IC00071*CD					
21					
Reserved	Facility Evaluation Rating	BI	OA	Reserved	
67 69	70A	71N	72N	73 74	75 80

Section B: Facility Data

Name and Location of Facility Inspected		Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Permit Effective Date
L-TEC WELDING & CUTTING SYSTEMS		9:30	8-23-84
3325 MIDDLE ROAD, P.O. BOX 710		Exit Time/Date	Permit Expiration Date
ASHTABULA, OHIO 44004		1:00 P.M. 10/13/85	8-20-89
ASHTABULA COUNTY			
Name(s) of On-Site Representative(s)		Title(s)	Phone No(s)
A.R. FRITZ		PLANT ENGINEERING MANAGER	216-998-6115
J. GRISWOLD		PROJECT ENGINEER	216-998-6115
Name, Address of Responsible Official		Title	
DAVID J. TESTON		VICE PRESIDENT, MATERIALS	
(SAME ADDRESS AS ABOVE)		Phone No.	Contacted
		216-998-6115	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

M	Permit	S	Flow Measurement	N	Pretreatment	S	Operations & Maintenance
S	Records/Reports	S	Laboratory	N	Compliance Schedules	S	Sludge Disposal
S	Facility Site Review	S	Effluent/Receiving Waters	S	Self-Monitoring Program	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

NPDES PERMIT NEEDS RENEWED TO ACCOUNT FOR SIGNIFICANT CHANGES THAT HAVE OCCURRED AT FACILITY SINCE PERMIT WAS ISSUED. THESE CHANGES INCLUDE A DIVISION OF THE FACILITY (NOW L-TEC AND LINDE GAS), INSTALLATION OF A NEW WASTEWATER TREATMENT SYSTEM (APP. 1 1/2 YEARS AGO) AND REROUTING OF WASTE STREAMS (REMOVAL OF FORMER TREATMENT PONDS). REVIEW OF MOR DATA INDICATE EXCELLENT COMPLIANCE WITH CURRENT PERMIT LIMITS. COMPANY HAS AGREED TO INITIATE REFRIGERATED SAMPLING AND DAILY REPORTING OF 602 FLOW TO CONFORM TO THESE NPDES REQUIREMENTS. A SITE MAP & FLOW DIAGRAM ARE ATTACHED FOR REFERENCE.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone	Date
 KELVIN F. ROGERS	OEPA / NEDO / 216-425-9171	10/21/88
Signature of Reviewer	Agency/Office	Date
Regulatory Office Use Only		
Action Taken	Date	Compliance Status
		<input type="checkbox"/> Noncompliance
		<input type="checkbox"/> Compliance

INSTRUCTIONS

Section A: National Data System Coding, *i.e.*, PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number. (*Use the Remarks columns to record the State permit number, if necessary.*)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 82/06/30 = June 30, 1982).

Column 18: Inspection Type. Use one of the codes listed below to describe the type of inspection:

- | | | |
|---------------------------|-------------------------------|-------------------------|
| A — Performance Audit | E — Corps of Engrs Inspection | S — Compliance Sampling |
| B — Biomonitoring | L — Enforcement Case Support | X — Toxic Sampling |
| C — Compliance Evaluation | P — Pretreatment | |
| D — Diagnostic | R — Reconnaissance Inspection | |

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

- | | |
|--|---|
| C — Contractor or Other Inspectors (<i>Specify in Remarks columns</i>) | N — NEIC Inspectors |
| E — Corps of Engineers | R — EPA Regional Inspector |
| J — Joint EPA/State Inspectors—EPA lead | S — State Inspector |
| | T — Joint State/EPA Inspectors—State lead |

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1972 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1972 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory.

Section C: Areas Evaluated During Inspection

Indicate findings (S, M, U, or N) in the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection. The heading marked "Other" may include activities such as SPCC, BMP's, and multimedia concerns.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

Sections E thru I : Complete on all inspections, as appropriate. N/A - Not Applicable	Permit No. OH 0063789
SECTION E. Permit Verification	
INSPECTION OBSERVATIONS VERIFY THE PERMIT. (Further explanation attached <u>NO</u>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>601 IS CURRENTLY ELIMINATED, 602 RELOCATED TO EOP TREATMENT SYSTEM</u>	
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE. NOW L-TEC WELDING & CUTTING SYSTEMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) FACILITY IS AS DESCRIBED IN PERMIT. - LINDE DIVISION IS NOW SEPARATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION. PONDS CLOSED, HYDRATED LIME ELIMINATED, USING	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(e) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES. CAUSTIC SODA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(f) ACCURATE RECORDS OF INFLUENT VOLUME MAINTAINED.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(i) ALL DISCHARGES ARE PERMITTED.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION F. Operation and Maintenance	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. (Further explanation attached <u>NO</u>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS:	
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(c) SLUDGES AND SOLIDS ADEQUATELY DISPOSED (Further explanation attached <u>NO</u>) ^{TO BREITENSTINE}	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(d) ALL TREATMENT UNITS OTHER THAN BACKUP UNITS IN SERVICE.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(e) QUALIFIED OPERATING STAFF PROVIDED.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(f) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(g) ROUTINE AND PREVENTIVE MAINTENANCE ARE SCHEDULED/PERFORMED ON TIME.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(h) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
(i) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(j) APPROVED SPCC PLAN AVAILABLE. DATE LAST UPDATED <u>11-85</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(k) REGULATORY AGENCY NOTIFIED OF BYPASSING. [Dates _____]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
(l) ANY BYPASSING SINCE LAST INSPECTION.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(m) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED. (Further explanation attached <u>NO</u>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SECTION G. Compliance Schedules	
PERMITTEE IS MEETING COMPLIANCE SCHEDULE: (Further explanation attached <u>NO</u>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
COMMENTS/STATUS: NO COMPLIANCE SCHEDULE FOR CURRENT PERMIT.	
SECTION H - Self-Monitoring Program	
Part I - Flow measurement (Further explanation attached <u>NO</u>)	
PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS OF THE PERMIT.	
NEED TO REPORT FLOW DAILY AT STATION 602 - 601 FREQUENCY NEEDS MODIFIED	
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
TYPE OF DEVICE: [] WEIR [X] PARSHALL FLUME [] MAGMETER [] VENTURI METER [X] OTHER (Specify <u>ULTRASONIC</u>)	
(b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration <u>1/88</u>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(f) FLOW RECORDS ARE PROPERLY KEPT.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(g) ACTUAL FLOW DISCHARGED IS MEASURED.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(h) FREQUENCY OF MAINTENANCE INSPECTIONS BY PLANT PERSONNEL.	<u>365</u> /year

Part 2 - Sampling (Further explanation attached NO)
PERMITTEE SAMPLING MEETS THE REQUIREMENTS OF THE PERMIT.

Permit No.
OH 0063789

Details:

- (a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. ☒ Yes ☐ No
- (b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT. ☒ Yes ☐ No
- (c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT.
REQUIRED METHOD 24 hr. composite ☒ Yes ☐ No
- IF NO [] GRAB [] MANUAL COMPOSITE [] AUTOMATIC COMPOSITE FREQUENCY _____
- (d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE. ☒ Yes ☐ No
- (i) SAMPLES REFRIGERATED DURING COMPOSITING 1-12C TO INITIAL IMMEDIATELY ☐ Yes ☒ No
- (ii) PROPER PRESERVATION TECHNIQUES USED ☒ Yes ☐ No
- (iii) CONTAINERS AND SAMPLE HOLDING TIMES PRIOR TO ANALYSES
CONFORM WITH 40 CFR 136.3 ☒ Yes ☐ No
- (e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT. ☐ Yes ☒ No
- (f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT. ☐ Yes ☐ No ☒ N/A
- (g) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF
THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g. continuous monitoring
Instrumentation, calibration and maintenance records). ☒ Yes ☐ No
- (h) ADEQUATE RECORDS MAINTAINED OF SAMPLING DATA, TIME, EXACT LOCATION, ETC. ☒ Yes ☐ No

Part 3 - Laboratory (Further explanation attached NO)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS OF THE PERMIT.

☒ Yes ☐ No ☐ N/A

DETAILS:

- (a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3) ☒ Yes ☐ No
- (b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED. ☐ Yes ☐ No ☒ N/A
- (c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED. ☒ Yes ☐ No
- (d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☒ Yes ☐ No
- (e) QUALITY CONTROL PROCEDURES USED. ☒ Yes ☐ No
- (f) DUPLICATE SAMPLES ARE ANALYZED > 10 % OF TIME.
- (g) SPIKED SAMPLES ARE USED > 10 % OF TIME.
- (h) ADEQUATE RECORDS MAINTAINED OF:
- (i) ANALYSES DATES, TIME ☒ Yes ☐ No
- (ii) INDIVIDUAL PERFORMING ANALYSIS ☒ Yes ☐ No
- (iii) ANALYTICAL METHODS/TECHNIQUES USED ☒ Yes ☐ No
- (iv) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data) ☒ Yes ☐ No
- (v) LAB EQUIPMENT CALIBRATION AND MAINTENANCE ☒ Yes ☐ No
- (vi) QUALITY ASSURANCE ☒ Yes ☐ No
- (i) RESULTS OF LATEST USEPA QUALITY ASSURANCE PERFORMANCE SAMPLING PROGRAM. DATE: DID NOT PARTICIPATE
[] SATISFACTORY [] MARGINAL [] UNSATISFACTORY
- (j) COMMERCIAL LABORATORY USED. ☒ Yes ☐ No
- (i) PARAMETERS ANALYZED BY COMMERCIAL LAB.
TSS, O&G, Cu, TIO, _____, _____, _____,
_____, _____, _____, _____

LAB NAME. ELKEM LABORATORY, ELKEM METALS, ASHTABULA

SECTION 1. Effluent/Receiving Water Observations (Further explanation attached _____)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOLIDS	COLOR	OTHER
601	—	—	—	—	—	—	NO DISCHARGE
602	—	—	—	—	—	—	CLEAR



